

L23000134811

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000199
Phone : (850)681-6810
Fax Number : (850)681-9792

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: matthew.mcroberts@nelsonmullins.com

FLORIDA LIMITED LIABILITY CO.
NORMAN FAMILY INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

3/23/23 13:12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAR 23 PM 12:35

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NORMAN FAMILY INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew S. McRoberts, Esq.
Name of Person
Nelson Mullins Riley & Scarborough
Firm/Company
8625 Tamiami Trail N., Suite 202
Address
Naples, FL 34108
City, State and Zip Code
matthew.mcroberts@nelsonmullins.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McRoberts 239 325-0416
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

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 TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORMAN FAMILY INVESTMENTS - FLORIDA LLC
(Must contain the words "Limited Liability Company", "L.L.C." or "LLC".)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10851 Gulf Shore Drive, #1001
Naples, FL 34108

10851 Gulf Shore Drive, #1001
Naples, FL 34108

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.

The name and the Florida street address of the registered agent are:

Michael Norman
Name

10851 Gulf Shore Drive, #1001
Florida street address (P.O. Box NOT acceptable)

Naples FL 34108
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent on behalf of the company. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607, F.S.

Michael Norman
Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

<u>Title:</u>	<u>Name and Address:</u>
"AMBOR" - Authorized Member	
"MGR" - Manager	
<u>MGR</u>	Michael Norman 10851 Gulf Breeze Drive, #100 Naples, FL 34106
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

Michael Norman
 Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.020(1)(b), Florida
 I am aware that any false information submitted in a document to the Department
 constitutes a third degree felony as provided for in s. 817.03, F.S.
 Michael Norman
 Typed or printed name of signer

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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